



**Challenge TB - Democratic Republic of Congo
Year 2
Quarterly Monitoring Report
April-June 2016**

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Cover photo: TB awareness raising in a household of Bandal Health Zone, May 2016 (credit: LNAC)

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List of Abbreviations and Acronyms

ART	<i>Antiretroviral therapy</i>
ARV	<i>Antiretroviral</i>
ATS	<i>American Thoracic Society</i>
BPC	<i>Bureau Provincial de Coordination du PNLs /Provincial Coordination Office of the National HIV Program</i>
BCZS	<i>Bureau central de la zone de santé</i>
CTB	<i>Challenge TB</i>
CAD	<i>Club des Amis Damien/Club of Friends of Damien</i>
CS	<i>Centre de santé/health center</i>
Cordaid	<i>Organisation Catholique d'Aide et de Développement from the Netherlands</i>
CPLT	<i>Coordination Provinciale Lèpres Tuberculose /Provincial coordination areas of the National Leprosy and TB Program</i>
CPT	<i>Cotrimoxazole preventive therapy</i>
CTB	<i>Challenge TB</i>
CSDT	<i>Centre de Santé de diagnostic et Traitement de la tuberculose /Center for diagnoses and treatment of TB</i>
CST	<i>Center for treatment of tuberculosis</i>
DPS	<i>Division Provinciale de Santé/Provincial Health Division</i>
DCIP	<i>Conseil et dépistage initié par le prestataire</i>
DRC	<i>Democratic Republic of Congo</i>
EGPAF	<i>Elizabeth Glaser Paediatric Aids Foundation</i>
FHI 360	<i>Family Health International 360</i>
FFPLUS	<i>Fondation Femmes Plus</i>
HOP	<i>Hôpital/Hospital</i>
HPK	<i>Hopital du personnel de Kolwezi de la GECAMINE</i>
ICAP	<i>International Center for AIDS Care and Treatment Program</i>
IPS	<i>Inspection Provinciale de Santé/Provincial Health inspection</i>
IT	<i>Infirmier Titulaire</i>
KIN	<i>Provincial Coordination of the National Leprosy and TB Program of Kinshasa</i>
KNCV	<i>KNCV Tuberculosis Foundation</i>
KTO	<i>Katanga Ouest/Provincial Coordination of the National Leprosy and TB Program of Katanga West</i>
KTS	<i>Katanga Sud/ Provincial Coordination of the National Leprosy and TB Program Of Katanga South</i>
LNAC	<i>Ligue nationale antituberculeuse et anti-lépreuse du Congo/National League Against Tuberculosis and Leprosy</i>
MDR-TB	<i>Multidrug-resistant tuberculosis</i>
MOH	<i>Ministry of Health</i>
MSH	<i>Management Sciences for Health</i>
NTP	<i>National TB Program</i>
NGO	<i>Non governmental organization</i>
OAC	<i>Organisation à assise communautaire</i>
PATI 5	<i>Programme Antituberculeux Intégré dans les soins de santé Primaire</i>
PATH	<i>Program for Appropriate Technology in Health</i>
PEC	<i>Prise en charge</i>
PEPFAR	<i>President's Emergency Plan for AIDS Relief</i>
PLHIV	<i>People living with HIV</i>
PNLS	<i>Programme National de Lutte contre le Sida/ National AIDS Control Program</i>
PNLT	<i>Programme National de Lutte contre la Tuberculose/National Tuberculosis Control Program</i>
PODI	<i>Poste de distribution des ARV</i>
ProVIC	<i>Programme de VIH Intégré au Congo/Integrated HIV Program of Congo</i>
SCMS	<i>Supply Chain Management System</i>
TB	<i>Tuberculosis</i>
TEP	<i>Tuberculose extra-pulmonaire</i>
TPI	<i>treatment Prophylactique à l'INH</i>
Union	<i>The International Union Against Tuberculosis and Lung Disease</i>
USAID	<i>United States Agency for International Development</i>
VCT	<i>Voluntary Counseling and Testing</i>
VIH	<i>Virus de l'Immunodéficience Humaine/Human immunodeficiency virus</i>
WHO	<i>World Health Organization</i>
ZS	<i>Zone de Santé/ Health zone</i>

1. Quarterly Overview

Country	DRC
Lead Partner	The Union
Other partners	MSH
Workplan timeframe	October 2015 – September 2016
Reporting period	April-June 2016

Most significant achievements:

1. NGOs' activities

The formal contracts with all NGOs were signed on April 8, 2016. The funds were made available to NGOs and activities are ongoing. For this quarter, the efforts of NGOs have resulted in 202 tuberculosis cases including 193 bacteriologically confirmed cases have been counseled and tested for HIV of which nine cases were confirmed co-infected TB/HIV (see Table below). These results were obtained due to training to 35 members of these NGOs, including 11 women and 24 men.

Table 1: HIV counseling and testing of TB cases notified via three case finding approaches

N°	Health Zone	Presumptive TB	TB cases (all forms) diagnosed per case finding approach							Counseled TB cases for HIV testing	TB cases tested for HIV	TB/HIV cases confirmed TB/HIV
			Contact cases investigation		TB cases detected routinely by members of Femme Plus		Mini awareness campaigns		Total			
			M	F	M	F	M	F				
1	Femmes Plus	674	0	0	29	31	8	7	75	75	75	1
2	LNAC	2315	1	0	0	0	65	32	98	98	89	8
3	CAD	92	0	0	16	0	9	4	29	29	29	0
Total		3018	1	0	45	31	125	43	202	193	193	9

Concerning the improvement of treatment adherence, to help manage patients in treatment, Firstly, Femme Plus members conducted 73 awareness sessions for TB patients in treatment in the CSDT and made 73 home visits for irregular patients. On the other hand, OAC LNAC made 68 home visits and provide in addition to the IEC to TB treatment in patients. During these home visits, they retrieves information on a patient co-infected TB / HIV died before starting treatment. The OAC assured the two treatment TB patients in the health zone Ruashi under the supervision of the IT (nursing holder CSDT) and managed to retrieve 7 irregular patients and 12 lost to in the Kampemba health zone. Finally CAD members in the province of Lualaba, made 31 in the CSDT IEC sessions and 41 home visits. They recovered nine patients were lost to follow-up, 12 patients irregular TB treatment, and information of 3 patients who were on treatment for tuberculosis who had died

2. Joint quarterly supervision of TB/HIV activities through the CPLT and BPC/HIV

According to the approved work plan and quarterly tuberculosis joint plan TB / HIV activities 3 Provincial Divisions of Health (DPS), CTB projects funded HIV site visits by provincial joint teams TB and HIV to co-infection sites TB / HIV in the health zones supported by the integrated health Project (IHP+) and integrated HIV Program of Congo (ProVIC +) in the three provinces of PEPFAR in Haut – Katanga, province Kinshasa and province of Lualaba. A total of 93 sites were visited during the quarter, including 53 in Kinshasa, 18 in the Haut - Katanga and 22 in Lualaba.

In general, the situation is similar in these sites and the following were frequently encountered:

TB / HIV activities HIV are integrated in all health areas in these three provinces PEPFAR, There existence of data collection and reporting tools for TB and HIV (registers, records of patients) in all sites, The amounts of the TB and HIV inputs are available at the sites and are known BCZS, data transmission tools and reporting de TB and HIV are available. The old reports properly filed quarterly reviews.

Selected recommendations:

To the Sites

Perform HIV testing among TB patients and confirmed the screener TB among PLHIV under ART in supported sites, turn INH prophylaxis to all PLHIV who have been excluded TB, save properly co-infected TB/HIV patients, put all PLHIV confirmed TB cases on TB treatment, put all HIV positive patients tested for TB on ART, regularly requisition ARVs anti-TB, cotrimoxazole and INH.

To the Health Zones

Develop the map TB CST in each BCZS, Integrate all VCT/DCIP sites in CST to research TB in all alleged curative consultation and all PLHIV, integrate INH prophylaxis for PLHIV in all treatment centers, Organize monthly supervision visits in the CSDT/TB/HIVTB/HIV, Send the report to TB/HIV Coordination within and Send the report with CSDT/TB/HIVTB/HIV summary data

To the Coordinating TB and HIV

Standardize HIV data collection tools at all sites, Encourage the existence of specifications TB alleged in the CST and sites CDV DCIP, Make INH data collection tool available, conduct quarterly TB and HIV inspections in all supported health zones, Defining the TB PLHIV suspected samples circuit and give GeneXpert cartridges Make available to the BCZS the need CSDT, records harmonized with clear boxes for co-infected with the HIV carrier, Organize trainings for ECZ members on HIV full package of services, and on TB/HIV TB/HIV infection control, Regularly supply rapid HIV tests and INH to BCZS, Archive the delivery notes on TBC drugs delivered to the CSDT and BCZS for proper drug supervision by ECZ Make available to the BCZS TB/HIV transmission report form

To the Partner

Support the PNLT and the PNLs to organize workshops on standardization of TB/HIV data collection tools, Develop TB/HIV data collection tools as needed and provide TB and HIV provincial coordination offices with records, TB/HIV harmonized forms, and TB/HIV TB/HIV transmission report forms, regularly support joint supervision of TB/HIV activities by CPLT and BCP/HIV, organize training for the ECZ members and providers on the management of TB/HIV TB/HIV co-infection and Organize training for the ECZ members and providers on infection control concepts.

3. Strengthening the capacity of providers

Training of co-infection TB/HIV in the three PEPFAR provinces

According to the approved work plan, the project will strengthen the ability of suppliers of 80 co-infection sites in the three provinces of PEPFAR. With the rationalization of the Ministry of Health has recommended a comprehensive package of HIV response by one partner in a health Zone. Thus, the number of sites increased from 80 to 225 sites among which there are private and religious structures in the 21 health zones. Hence, training requirements have therefore increased. During the quarter, the CTB project supported part of this training financially, logistically and technically while another portion was funded by the IPs that the CTB project coordinates in the three provinces: ProVIC + and IHP +.

Providers trained in TB/HIV co- infection at supported sites TB/HIV

N°	Province	IPs	Providers trained with IP funding			Providers trained with CTB funding			Total
			M	F	Total	M	F	Total	
1	Haut-Katanga	ProVIC+	37	39	76	33	10	43	119
2	Kinshasa	ProVIC+	14	13	27	26	22	48	75

3	Lualaba	IHP+	27	9	36	37	9	46	82
Total			78	61	139	96	41	137	276

Next steps:

To allow the sites to properly apply the concepts learned during the training sessions, the CTB project is supporting the use of sputum sample transport insulated boxes to improve access to TB diagnosis for all PLHIV. For the supervision of trained providers, the CTB project increased supervision at care sites to monitor and support the implementation of the supported TB/HIV activities.

4. Assessment of INH prophylaxis for PLHIV

In the last quarter, from 16 May to 6 June 2016, CTB organized an assessment on the use of INH prophylaxis in the supported HIV and TB/HIV co-infection sites in the PEPFAR provinces (Katanga and Lualaba), benefiting from the support of IHP+ and ProVIC.

In general, about 40% of sites implement the INH prophylaxis guidelines, although half of those sites do not comply with all prerequisites before starting the treatment. Providers are not sufficiently trained on INH prophylaxis guidelines, which prioritize IPT use among PLHIV and pediatric close contacts of bacteriologically confirmed TB patients. Twenty-five percent of sites implementing IPT only provide it to PLHIV and another 30% only provide it to children (the remaining 45% provide IPT to PLHIV and children).

Next steps

- To improve the accessibility of PLHIV to INH prophylactic treatment, the CTB project will conduct the following activities next quarter:
 - Organize a briefing on INH prophylaxis of one day for all supported HIV sites;
 - Supply 225 sites in 21 health zones supported by ProVIC+ and IHP+ with 100 mg and 300 mg INH and management tools;
 - Mentor the management of sites supported by IHP+ and ProVIC+ in the screening and diagnosis of TB among PLHIV and recommend INH prophylaxis for all patients without TB symptoms after a symptomatic screening. PLHIV patients with one or more signs of TB will be examined using GeneXpert for those who are microscopy negative for TB;
 - Where there is a lack of GeneXpert, advise providers to proceed with the exclusion of TB by implementing a thorough clinical examination (beyond the major symptoms " 3A and 3T ") by coupling with a chest X-ray and other related techniques (Ziehl, Fluorescence, Mantoux);
 - Organize the sample transport system and finance the transport from the CSDT to GeneXpert Laboratories if the examination are negatives
 - Make available to all supported sites suitable tools already available to PNLT for recording and reporting on prophylactic IHN for PLHIV
 - Update and extend algorithms to all CSDTs and CSTs.

5. Coordination meetings of TB/HIV activities between TB and HIV programs and implementing partners

For this quarter, the CTB project has organized 4 coordination meetings, one of USAID PEPFAR partners at central level, and 3 more at the provincial level with the participation of the Ministry of Health with any other player in the field of TB/HIV, one in each of the three provinces covered by PEPFAR PEPFAR project (Kinshasa, Haut Katanga, and Lualaba).

In total 58 people took part in these meetings, including 8 women and 50 men. All critical issues have been addressed and appropriate solutions have been proposed.

5.1. At the central level

In the context of strengthening the work of synergy between intervention partners (IPs) recipients of USAID funding / PEPFAR in the field of HIV, TB and co-infection TB/HIV, an internal meeting of the TB Working Group was held June 28, 2016 involving members of both programs (PNLT and PNLS) and 8 people took part.

Recommendations:

Make available to all IPs ProVIC + and IHP + the site lists of providers trained in Kinshasa, Lubumbashi and Lualaba in 2015
 What CTB project shares with IPs mapping interventions LNAC NGOs, CAD, Femme Plus
 Submit a list of innovations for PNLT/PNLS to add to the TB/HIV updated TB/HIV training module
 Write to USAID on the difficulties encountered in the implementation of TB/HIV activities with the MoH staff who refuse the \$10 per diem and block activities
 Align the timing of Q4 activities between the CTB project, ProVIC+, and IHP+
 Write to the Director of PNLT's refusal MCP leprosy and TB give INH to PLHIV that TB was excluded
 Ask for clarification to both the PNLT and PNLS programs on the supply circuit TB/HIV sites INH implementation

5.2 Intermediate levels

Challenge TB held three coordination meetings in the three provinces. Coordination meetings on TB/HIV activities were held under the chairmanship of the Provincial Division of Health (DPS) and Provincial Health Inspections (IPS) with the Provincial Coordinating participation against Tuberculosis (CPLT) and the Office of the provincial coordinating the fight against AIDS (PCB/PNLS) and other partners involved in the fight against TB/HIV co-infection TB/HIV.

5.2.1 Coordination Meeting TB/HIV in the province of Lualaba

A TB/HIV coordination meeting was held in Kolwezi, June 29, 2016,. 25 participants from DPS /LLBA, IHP Plus, PNMLS/LLBA, CAD, CTB/MSH / FHI360 / CPLT-KTO / ASF-PSI participated.

Recommendations:

For which CTB project will accompany the intermediate level in coordinating TB/HIV and monitoring in each health area and health center:

- Continue to support the coordinating body TB/HIV for monitoring co-infection activities in the province of Lualaba
- Organize joint supervision for technical support providers on PEC co-infection TB/HIV;
- Make tools and inputs available to sites for IPT non-TB PLHIV
- Organize a workshop to validate the quarterly data of TB/HIV co-infection
- Integrate the presentation of strengths and weaknesses and corrective actions during joint supervision visits

5.2.2 TB/HIV Coordination Meeting in Kinshasa

A TB/HIV coordination meeting was held in Kinshasa June 24, 2016. It brought together 12 participants from the DPS, CPLT, BPC/PNLS, CAD, LNAC, EGPAF, and ProVIC+.

Recommendations

- Supplying all health zones and in all treatment sites of pediatric and adult INH
- Brief providers about taking prophylactic guidelines for PLHIV to INH,
- Supplying co-infection sites TB HIV Quarters 4 (July, August and September 16) collection tools and case management co-infected TB/HIV through the coordination TB (CPLT) or HIV (PCB/PNLS)
- Revitalize the coordination structure of collaborative TB HIV CPLT and PCB/PNLS.
- Finalize TB/HIV service coverage map showing the CSDT with different CST covered in each health zone within a short time
- Present the list of members TB/HIV the coordinating body of the CPLT and PCB/PNLS with clear responsibilities and meeting schedule
- Keep an adoption meeting of cartography including ECZ
- Finalize the plan of joint TB/HIV activities for Quarter 3, 2016 to integrate the delivery of TB and HIV

5.2.3 Coordination Meeting TB/HIV in Haut - Katanga

A coordination meeting of the TB/HIV activities took place in Lubumbashi June 20, 2016, with 13 participants. The purpose of the state coordination meeting was to assess the timetable of activities for Q2 / 2016 and reprogram the activities of Q3 / 2016 with all stakeholders at the provincial level. Participants came from the CPLT, PNLT/PNLS and many other partners such as MSH, ProVIC+, ICAP, LNAC, CTB, CDC; CAMELU and EGPAF.

Recommendations:

- Partners should align data with TB and HIV programs and IPs involved in the fight against TB/HIV co-infection
- Ask other partners to not implement infection control measures (theoretical measurements) in the structures without a state of place made beforehand.
- Revitalize what has already been done by others
- Standardize infection control approaches initiated by Challenge TB
- Educate co-infected patients on changing drug in July and Distribute quickly DIOVIR
- Supporting health zones in quantifying their needs for rapid HIV tests and other inputs,
- Supply all health areas and all treatment sites with pediatric and adult INH
- Brief and supervise providers on the implementation of preventive care guidelines for PLHIV to INH
- Supply co-infection sites with data collection tools and management of co-infected cases through the coordination TB (CPLT) or HIV (BPC/PNLS) in Quarter 3 (July, August & September 2016)

6. Technical/administrative challenges and actions to overcome

Low funding for capacity building of all providers in rationalization policy

The increase in treatment sites for TB/HIV co-infection after the process of rationalization has increased targets (from 360 to 717 participants) that should benefit from capacity building in the management of co-infection of TB/HIV on the infection control measures and on technical quality assurance of HIV laboratories.

To address this, the CTB project will prioritize training on care activities that have a direct impact on the production of critical results of the project. Thus, training on the management of co-infection site providers, on TB and HIV, pediatric HIV and finally HIV laboratory quality assurance in close collaboration with HIV IPs.

Implementation of community activities

Due to the delays associated with the approval of work plans, HIV-IP NGOs organized mini campaigns in collaboration with the awareness CPLT and BPC/PNLS to increase detection of patients with TB and TB/HIV.

There is a difficulty with the reporting on who should be treated outside health facilities. In the context of TB, treatment is given according to the requirements of DOTS strategy by the providers at the health facility. Community-DOTS is reserved for bedridden patients who are unable to go to the hospital, until the patient is able again to come to the health facility.

This means that the application of PODI (community-based ARV distribution sites) reinforces the need for an agreement with PNLT, before permission to treat patients in the community is achieved. Besides the cost of implementing a community structure of care is assessed and put into disposal of NGOs to facilitate the implementation of this strategy.

2. Year 2 activity progress

Sub-objective 1. Enabling environment

3.1. Ensured intensified case finding for all risk groups by all care providers

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Organize two training sessions for community members on adherence to treatment equipment and awareness / orientation of TB patients or TB/HIV who in turn will train other members of their community	3.2.1		Community training report available			This activity was done and 35 member NGOs have benefited from this capacity building including 11 women and 24 men.	Met	
Supporting community-based DOT through the CAD, Femme Plus and LNAC	3.2.1		CB-DOTS implemented			This activity was done; the formal contracts with all NGOs were signed on April 8, 2016. The funds were made available to NGOs and the activities were started since April 2016.	Met	These NGOs have received the first part of the funds, about 70%, and they still receive 20% in July 2016 and 10% in September after reporting times.

Sub-objective 5. Infection control

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Apr 2015-Jun 2016		
Finance 21 days' joint mission of assessment in 21 Health zones on control infection by 3				'Assessment report for 21 health zones available		Activity done	Partially met	This activity started from the month of May, and to date two provinces are already covered, the Lualaba and Haut-Katanga. The province of

people per visit (1 CTB) for 3 provinces								Kinshasa is scheduled for the month of July 2016.
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Sub-objective 8. Comprehensive partnerships and informed community involvement								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Apr-Jun 2016		
1) Organize 3 quarterly ad hoc meetings Working Group central level of IP PEPFAR and all agencies working in the fight against TB and co-infection TB/HIV (IHP Plus, ProVIC Plus, CAD, LNAC, FF Plus and CTB)	8.1.1				Central level working group meeting conducted (3 total for year)	This internal meeting of TB Working Group central level of IPs PEPFAR and all agencies working in co-infection TB/HIV was held Tuesday, June 28, 2016 at MSH Kinshasa Office under the leadership of Director of 4th direction of fight against diseases in the presence of members of both programs PNLT and PNLS and 8 people took part,	Met	

						including 7 men and 1 woman.		
3) Support the holding of quarterly and extra-ordinary meetings TB/HIV in Central level	8.1.1		'- -1 Central level general TB/HIV meeting conducted -	1 Central level general TB/HIV meeting conducted	3 Central level general TB/HIV meeting conducted, plus adhoc meetings)	Activity not done yet	Not met	An additional meeting is scheduled for the working group of central PEPFAR IPs (all organizations working in the fight against TB and co-infection TB/HIV); the quarterly agendas are based on the stakeholders needs/priorities
4) Quarterly 3 meeting of 3 CPLT BCP/PNLS (Kinshasa, Haut-Katanga, Lualaba)	8.1.1					3 provincial coordination meetings A Provincial coordination meeting was conducted in Kinshasa on 24 June 2016. It was attended by 12 participants including 10 men and 2 women In Kolwezi on 29 June 2016, under the leadership of the Provincial Health Division, 25 participants (21 men, 4 women). In	Met	

						Lubumbashi , on 20 June 2016, under the chairmanship of the Provincial Division of Health. 13 participants (18 men, 1 woman)		
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Sub-objective 10. Quality data, surveillance and M&E								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
1) Fund joint mission supervise the CPLT and BCP / PNLS to ZS and sites	10.1.1		'-Quarterly supervision for TB/HIV sites conducted A joint mission supervise the CPLT and BCP / PNLS to ZS and sites	'-Quarterly supervision for TB/HIV sites conducted A joint mission supervise the CPLT and BCP/PNLS to ZS and sites	Quarterly supervision for TB/HIV sites conducted A joint mission supervise the CPLT and BCP/PNLS to HZ and sites	The CTB project finance team conducted site visits for BPC/HIV in TB/HIV treatment centers and health zones supported by the IHP+ and ProVIC+ in the three PEPFAR provinces in Haut-Katanga, the city province of Kinshasa, and the Lualaba province. In total, 93 sites were visited in the current quarter, including 53 in Kinshasa, 18 in Haut-Katanga, and 22 in Lualaba.	Met	

2) Finance two workshops validations of TB-HIV data within 3 CPLT (Kinshasa, Haut-Katanga and Lualaba)	10.1.1			3 validation workshops conducted in the 3 provinces (Haut-Katanga, Kinshasa and Lualaba) with the participation of IHPplus and ProVICplus on Q3 data TB/VIH validated and available.		Activity not done yet	Not met	This activity was not carried out due to lack of time and the availability of field staff. It was reprogrammed for the month of August 2016 in Kinshasa , Lubumbashi and Kolwezi
3) Financing a workshop to harmonize collection tools by integrating the aspect of the cascade by the PNLS and PNLT with the participation of others partner	10.1.1		The collection tools harmonized and available in provinces.			Activity not done yet	Not met	This activity was not carried out due to the project's late start Activity planned for Q4.
4) Print 1,000 TB- HIV co-infection guidelines and 1,000 V PATI updated for sites supported by Provicplus and more IHP plus	10.1.1		TB/HIV guidelines printed and available in provinces.			Activity not done yet	Not met	This activity was not carried out due to the project's late start. Activity scheduled for Q4 after updating these guidelines in a workshop by the two programs (PNLT and PNLS).
5) Finance the printing of TB- HIV management tools Harmonized TB/HIV co-infections sites in three provincial coordinations (Kinshasa, Haut-Katanga and Lualaba)	10.1.1		TB- HIV management tools Harmonized printed and available in provinces.			Activity not done yet	Not met	Activity scheduled for Q4 after the guidelines are updated in a workshop PNLT and PNLS.

1) MSH: Short Term Technical Assistance Provider (STTA) for 15 days to monitor TB HIV	10.1.1		-STTA report available			Activity completed from 14 to 28 may 2016	Met	
2) Joint supervision for each area by the Senior Technical Advisor MSH with National Program staff (PNLS and PNLT). 3 Provinces, 15 days each. During the year 2 times.	10.1.1		3 provinces received joint supervision	-3 provinces received joint supervision	-3 provinces received joint supervision	Activity not done yet	Not met	Planned in Q4
Fund a survey on the use of INH in HIV TB-sites (in Lualaba and Haut katanga)	10.2.1		Protocol approved and data collection completed			Study done and report available	Met	
Operational study on the detection of HIV virus among children with presumed or confirmed TB using GeneXpert HIV test for Viral Load and Dried Blood Spot for children from HIV-positive mothers, using samples of known HIV positive children. (PNLS for the Protocol)	10.2.2		protocol develop and approved	data collection/analysis completed	Study report available	Activity not done yet	Not met	Planned in Q4

Sub-objective 11. Human resource development

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		

2) Financing the training of providers of 35 TB/HIV co-infection sites in Kinshasa, 30 TB/HIV co-infection sites in Haut-Katanga, and 15 TB/HIV co-infection sites in Kolwezi on infection control.	11.1.1		-Co-infection training conducted in Kinshasa -	Co-infection training conducted in Kinshasa, Haut-Katanga and Lualaba		Haut-Katanga 58 sites with trained providers Kinshasa 33 sites with trained providers Lualaba 59 sites with trained providers	Partially met	There are still 75 sites to cover all the needs in training expressed after the rationalization process including 25 in Kinshasa and 50 in the Haut-Katanga
3) Train laboratory technician's sites on HIV and TB quality control in Kinshasa, Haut-Katanga, and Lualaba.	11.1.1		-Lab training conducted in Kinshasa, Haut-Katanga and Lualaba	Lab training was conducted in Lualaba only this quarter		Activity done	Partially met	Lab training planned for Q4

3. Success Stories – Planning and Development

Planned success story title:	Facilitating effective coordination and collaboration between TB and HIV programs in the province of Lualaba
Sub-objective of story:	1. Enabling environment
Intervention area of story:	7.2. In-country political commitment strengthened
Brief description of story idea:	<p>After the coordination meeting in Kolwezi, the absence of the PNLS office in Lualaba was resolved following the intervention of the DPS.</p> <p>The absence of a provincial coordination office of the PNLS in the province of Lualaba posed serious problems for the implementation of joint TB/HIV activities in that province. Following our discussion with the Head of DPS, he agreed to designate the one of its head of department as responsible for TB/HIV activities pending the formal restructuring of the Provincial Health Division.</p>
Status update:	
On-going	

4. Quarterly reporting on key mandatory indicators

1. Revive and strengthen the collaborative TB/HIV framework at the central and provincial levels

Table 4.1: National and provincial TB/HIV coordinating bodies established and meeting at least quarterly

N o	Indicator	Target	Accomplishment (April-June 2016)				Total	% achievement	Comments
			National	Province					
				Haut-Katanga	Kinshasa	Lualaba			
1	National and provincial TB/HIV coordinating bodies established and meeting at least quarterly	4	1	1	1	1	4	100%	The four platforms for coordinating TB/HIV activities are available, one national and three provincial level and this level in each province PEPFAR project. These platforms work well together organize and participate in the implementation of all TB/HIV activities planned
2	Availability of national and provincial TB/HIV action plans	4	1	1	1	1	4	100%	There are 4 joints plan which 3 relate to provincial coordination PNLS and PNLT in Kinshasa , in Haut-Katanga, in Lualaba, and 1 national level of PEPFAR, Ips , the collection will be done quarterly and monitoring will be done during the meeting of coordination whose secretariat will be held by the CTB project is an annual

2. Training and capacity building for improved management of TB/HIV (The collection will be done after training and reporting will be quarterly)

Table 4.2.1 Number of health providers for TB/HIV co-infection trained in TB/HIV management by Challenge TB

Province	Target	Q1(Oct-Dec 2015)	Q2(Jan-Mar 2016)	Q3(Apr-Jun. 2016)	Q4(Jul.-Sept 2016)	Comments
		accomplishment	accomplishment	accomplishment	accomplishment	

		M	F	M	F	M	F	M	F	
Haut-Katanga		0	0	0	0	70	49			N/A
Kinshasa		0	0	0	0	40	35			
Lualaba		0	0	0	0	64	18			
Total		0	0	0	0	174	102			

N.B.: The collection will be done after training and reporting will be quarterly

3. Quality supportive supervision visits of clinics conducted from the central and provincial levels

Table 4.3. Number of quality supportive supervision visits of clinics conducted from the central and provincial levels

	Q1 (Oct-Dec 2015)		Q2 (Jan-Mar 2016)		Q3 (Apr-Jun. 2016)		Q4 (Jul.-Sept 2016)		% achievement	Comments
	target	accomplishment	target	accomplishment	target	accomplishment	target	accomplishment		
Central	0	0	1	0	0		1			N/A
Haut-Katanga	0	0	1	0	1	1	1		100%	
Kinshasa	0	0	1	0	1	1	1		100%	
Lualaba	0	0	1	0	1	1	1		100%	
Total			4	0	3	3	4			

4. Strengthen TB infection control

Table 4.4. Number of USAID PEPFAR-supported sites assessed during the assessments missions on TB infection control

Province	Target	Q1 (Oct-Dec 2015)	Q2 (Jan-Mar 2016)	Q3 (Apr-Jun. 2016)	Q4 (Jul.-Sept 2016)	Comments
		accomplishment	accomplishment	accomplishment	accomplishment	

Haut-Katanga	108	0	0	104		
Kinshasa	58	0	0	on going		
Lualaba	59	0	0	44		
Total	225	0	0	148		

N.B.: The sites that will be involved in the development plan for the control of infection after the assessment will be done in the various TB HIV USAID PEPFAR sites; collection is quarterly and monitoring of this indicator will be at quarterly meetings.

5. Strengthen Monitoring and Evaluation

Table 4.5Number of missions RDQA will be made by members of the PNLT and PNLS accompanied by those of CTB

Province	target	Q1(Oct-Dec 2015)	Q2(Jan-Mar 2016)	Q3(Apr-Jun. 2016)	Q4(Jul.-Sept 2016)	Comments
		accomplishment	accomplishment	accomplishment	accomplishment	
Haut-Katanga	1	0	0	0		Activity planned in Q4
Kinshasa	0	0	0	0		
Lualaba	1	0	0	0		Activity planned in Q4
Total	2	0	0	0		

N.B.: Two missions RDQA will be made by members of the PNLT and PNLS accompanied by those of CTB. This activity will concern the TB HIV sites in Haut-Katanga and in Lualaba. The collection will be quarterly.

Table 5. Improve adherence in TB/HIV patients through community-based care and support services (CARE-COMM-DSD)

	Indicator s	Disaggregation	TA RG ET	KINSHASA					HAUT KATANGA		LUALABA			TO TA L	% ac hie ve me nt	Comment
				KI NG AS AN I	KIKIMI	KINGASANI	BIN ZA ME TEO	BAND ALUN GWA	RUAS HI	KAMP EMBA	MAN IKA	LU AL AB A	KAN ZEN ZE			
TARGET (health zone)																
CARE_CO MM-DSD	Number of HIV- infected adults and children receiving care and support services outside of the health facility	Only CTB- supported health zones	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	There is a difficulty with the reporting on who should be treated outside health facilities. In the context of TB, treatment is given according to the requirements of DOTs strategy, i.e. before the providers at the structure. Community variant called DOT'S home is reserved for bedridden patients who are unable to go to the hospital and it is a relatively short time, because the patient will eventually resume taking

																outpatient drugs when he becomes mobile again.
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Table6. Increase effective use of INH in preventing TB in PLHIV (April-June 2016¹)

	Indicators	Disaggregation	TARGET	KINSHASA	HAUT KATANGA	LUALABA	TOTAL	% achievement	Comment
TARGET (health zone)									
TB_IPT_TA	Percentage of PLHIV newly enrolled in HIV clinical care who start isoniazid preventive therapy (IPT). (Technical Assistance)		ND	50	143	48	241	N/A	These figures are provisional pending the validation of quarterly meetings that will take place in the month of August 2016. They were collected during the last supervision by the joint team CPLT / BPC-PNLS/ CTB project in the three provinces PEPFAR.

The tentatively operational activities, in Kinshasa, there are only two structures belonging to the Kikimi health zone that put 50 PLHIV under INH in CSDT BOSEMBO and CS KIKIMI. Other centers have the INH and they give to children in case of CSDT LIBIKISI. In Haut-Katanga, just 4 structures could prepare

¹ Data not collected/available before April 2016

documents in connection with this activity it is CS MOKAMBO, HGR PANDA, and HGR KAPOLOWE and HGR KAMALONDO. In the Lualaba, the activity is operational at CSDT DIPETA, Hospital KAKANDA, HGR MWANGAJI, CSDT MANIKA and CSDT MARIAPOLIS.

Table15. TB-HIV cases detected and initiating First line TB treatment in three PEPFAR Provinces (FY16 SAPR Report - M&E Table: Q1: October-December 2015 and Q2: Jan-March 2016 data)

Code MER	Indicator name	2016 TARGET	Haut-Katanga		Kinshasa		LUALABA		TOTAL	% achievement	Comments
			Q1	Q2	Q1	Q2	Q1	Q2			
TB_STAT (N, TA)	Proportion of registered new and relapsed TB cases with documented HIV status, during the reporting period.	%	63%	42%	100%	95%	87,5%	87,3%	76%		These data come from the basis that the IPs (IHP + and + ProVIC) set in Datim for semester 1 , 2016. They are validated data and already incorporated in the Datim.
	Number of registered new and relapsed TB cases with documented HIV status, during the reporting period.	ND	274	136	208	186	294	318	1416		
	Total number of registered new and relapsed TB cases, during the reporting period.	ND	433	325	208	195	336	364	1861		
	TB_STAT (N, TA, Sex): New/Relapsed TB with HIV (Female)		171	65	121	75	177	167	776	#DIV/0!	
	TB_STAT (N, TA, Sex): New/Relapsed TB with HIV (Male)		103	71	87	111	117	151	640	#DIV/0!	
	TB_STAT (N, TA, Age): New/Relapsed TB with HIV (<1)		1	1	5	12	0	0	19	#DIV/0!	
	TB_STAT (N, TA, Age): New/Relapsed TB with HIV (1-4)		8	1	27	24	1	2	63	#DIV/0!	
	TB_STAT (N, TA, Age): New/Relapsed TB with HIV (5-9)		10	3	8	8	8	7	44	#DIV/0!	
	TB_STAT (N, TA, Age): New/Relapsed TB with HIV (10-14)		10	2	10	9	12	7	50	#DIV/0!	
	TB_STAT (N, TA, Age): New/Relapsed TB with HIV (15-19)		20	14	25	12	51	17	139	#DIV/0!	
	TB_STAT (N, TA, Age): New/Relapsed TB with HIV (20+)		234	115	133	121	222	285	1110	#DIV/0!	
	TB_STAT (N, TA, Result): New/Relapsed TB with HIV (Positive)		54	39	17	17	92	81	300	#DIV/0!	
	TB_STAT (N, TA, Result): New/Relapsed TB with HIV (Negative)		230	97	191	169	202	237	1126	#DIV/0!	
TB_ART (N, TA)	Proportion of registered TB cases who are HIV-positive who are on ART	%	89%	59%	94%	71%	95,7%	98,1%	94%	%	These data come from the basis that the IPs

	The number of registered new and relapse TB cases with documented HIV-positive status who are on ART during TB treatment during the reporting period.	ND	48	23	16	12	517	271	887	%
	The number of registered new and relapse TB cases with documented HIV-positive status during TB treatment during the reporting period.(Denominator)	ND	54	39	17	17	540	276	943	%
	TB_ART (N, TA, Sex): TB/HIV on ART (Female)		23	9	9	2	358	146	547	#DIV/0!
	TB_ART (N, TA, Sex): TB/HIV on ART (Male)		25	14	7	10	159	125	340	#DIV/0!
	TB_ART (N, TA, Age): TB/HIV on ART (<1)		1	1	0	0	0	1	3	#DIV/0!
	TB_ART (N, TA, Age): TB/HIV on ART (1-4)		3	1	1	0	0	3	7	#DIV/0!
	TB_ART (N, TA, Age): TB/HIV on ART (5-9)		1	0	1	0	13	2	17	#DIV/0!
	TB_ART (N, TA, Age): TB/HIV on ART (10-14)		1	2	0	0	22	3	28	#DIV/0!
	TB_ART (N, TA, Age): TB/HIV on ART (15-19)		1	2	2	0	89	19	113	#DIV/0!
	TB_ART (N, TA, Age): TB/HIV on ART (20+)		41	17	12	12	393	244	719	#DIV/0!
	TB_ART (N, TA, Known/New): TB/HIV on ART (Known at Entry Positive)		32	0	5	5	431	214	687	#DIV/0!
	TB_ART (N,TA, Known/New): TB/HIV on ART (Newly Identified Positive)		16	23	11	7	86	57	200	#DIV/0!
	TB_ART (N, TA, ART): TB/HIV on ART (< 8)		44	12	5	7	308	271	647	#DIV/0!
	TB_ART (N, TA, ART): TB/HIV on ART (> 8)		4	11	11	5	211	0	242	#DIV/0!

(IHP + and + ProVIC) set in Datim for semester 1, 2016. They are validated data and already incorporated in the Datim.

5. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q 1	Q 2	Q 3	Q 4					
1	MSH	Paultre Desrosiers			X		Technical supervision of activity implementation	Complete	From 14 to 28 May 2016	15 days	1 May 2016
2	MSH	Malia Mayson				X	Financial management of the project.	Pending			
3	MSH	Paultre Desrosiers				X	workplanning for Year 3	Pending			MSH will not prepare an APA3 workplan; remaining travels will be used for close out of the project during the period of Oct-Dec 2016.
4	MSH	Dan Nelson				X		Pending			
Total number of visits conducted (cumulative for fiscal year)								1			
Total number of visits planned in approved work plan								4			
Percent of planned international consultant visits conducted								25%			